


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761390</b> 1. Entity Name LESSIE HUNTING CLUB, INC.	
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Principal Place of Business LESSIE RD HILLIARD, FL 32046	Mailing Address 57292 MAY FAIR TRAIL HILLIARD, FL 32046
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**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1223605	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  VANZANT, HUBERT N 57292 MAY FAIR TRAIL HILLIARD, FL 32046
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000763410  
07/18/07-80005-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANZANT, HUBERT N 57292 MAY FAIR TRAIL HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VANZANT, LARRY D P.O. BOX 38 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VANZANT, CHARLES H 2775 OWENS RD YULEE, FL 32096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hubert N Vanzant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-07  
Date

Daytime Phone #